

HOUSE No. 2854

By Ms. Khan of Newton, petition of Kay Khan and others relative to the health care needs of adolescents in the juvenile justice system of the Commonwealth. Public Health.

The Commonwealth of Massachusetts

PETITION OF:

Kay Khan	Jennifer L. Flanagan
Ruth B. Balser	Elizabeth A. Malia
Rachel Kaprielian	Barbara L'Italien
Deborah D. Blumer	David B. Sullivan
Douglas W. Petersen	Louis L. Kafka
Ellen Story	Shirley Owens-Hicks
John W. Scibak	Carl M. Sciortino, Jr.
David Paul Linsky	Bruce E. Tarr
Patricia D. Jehlen	Anne M. Paulsen
Mary E. Grant	Joyce A. Spiliotis

In the Year Two Thousand and Five.

AN ACT RELATIVE TO THE HEALTH CARE NEEDS OF ADOLESCENTS IN THE JUVENILE JUSTICE SYSTEMS OF THE COMMONWEALTH.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The Executive Office of Health and Human Serv-
2 ices, and the Executive Office of Public Safety are hereby autho-
3 rized and directed to conduct a comprehensive review of the
4 health care and mental health care needs of adolescents in the care
5 of, incarcerated in, or detained in, the juvenile justice system,
6 adult correctional facilities, or youth services system, or the social
7 services system in the commonwealth. The survey shall include a
8 survey and determination of needs of adolescent populations
9 residing in the various systems, and the type of service, treatment

10 program, and spectrum of health and mental health care currently
11 being received by the populations surveyed, along with qualifica-
12 tions of staff providing care, staffing ratios, how care is accessed
13 and frequency and duration of care, and other such information
14 required to determine adequacy and scope of care provided to
15 adolescents within the stated state systems.

16 The study shall include, but not be limited to:

17 a) standards of care currently being applied to adolescents in
18 juvenile justice, youth servicing, social servicing, and correctional
19 systems;

20 b) medical screening and periodic examinations at entry into
21 the systems by adolescents, and frequency of subsequent examina-
22 tions;

23 c) type of emergency response systems in place or planned,
24 including suicide watch procedures, emergency plans for medical
25 or mental health episodes, staff training required for specific
26 response procedures;

27 d) response patterns and systems available for other types of
28 episodes, such as violent incidents and acts;

29 e) types of examinations, laboratory tests, such as TB, testing
30 for STD and other measures to determine needs and problems that
31 are unique to adolescents;

32 f) the type and utilization of specific treatment models and per-
33 sonnel and agencies providing the models or programs;

34 g) the type of and scope of, treatment protocols, and training
35 procedures required for effective utilization and implementation
36 of protocols.

37 The data derived from the comprehensive study, the analysis of
38 the study, and the results of the study, together with findings and
39 recommendations, shall be reported to the House and Senate Com-
40 mittees on Ways and Means and to the Joint Committee on Human
41 Services and Elderly Affairs.

1 SECTION 2. Chapter 119 of the General Laws, as appearing in
2 the 2000 Official Edition, is hereby amended by inserting, after
3 section 68C, the following new section:—

4 Section 68D. Each child committed to the department of youth
5 services shall have, upon entry into the department, a full medical
6 screening examination, laboratory testing, and other relevant and

7 necessary physical or mental health examination. The specific
8 needs of the child or adolescent resulting from the examination
9 shall be entered immediately into the child or adolescent's records
10 and/or service plan, along with the treatment plan resulting from
11 the examination that provides care for the stated needs.

12 The department of youth services shall develop and implement
13 measures to provide continuity of medical, health, and mental
14 health services and care. Through coordination with the depart-
15 ments of health and mental health, and correction, the department
16 shall develop a system to monitor and track the accessing of
17 records of children and adolescents prior to entry into the facility,
18 the obtaining of an adequate and sufficient medical and mental
19 health history upon entry into the system, the tracking of records
20 throughout confinement, the tracking of records to ensure transi-
21 tional care during transfers to other facilities, to and from hospi-
22 tals or clinics, conducting periodic reviews of adequacy and
23 quality of care for each child or adolescent and for the populations
24 as a whole, the tracking and accompaniment of records when a
25 juvenile is released from a facility or the care of the department of
26 youth services.

27 The department of youth services, in consultation with other
28 departments and agencies, shall develop a timely system of access
29 to health care for female offenders, and shall ensure timely
30 request-for-medical care procedures to accommodate such access
31 through appropriate medical or health care or mental health care
32 staff.

33 The department of youth services, in conjunction with the
34 department of mental health and the department of health and the
35 department of correction, and service provider personnel, shall
36 develop and implement a procedural plan for treatment and obser-
37 vation of juveniles who require monitoring due to certain condi-
38 tions such as suicidal behavior and other such behaviors. The
39 plan shall include a training component, for persons on duty
40 during the observation period. The plan shall include channels of
41 communicating observations and procedures to appropriate mental
42 health or medical personnel in a timely and periodic basis.

43 The procedural plan shall include, but not be limited to, the
44 specific duties of department of youth services staff and mental
45 health and health staff, especially during certain emergency situa-

46 tions such as “suicide watch”, and the avenues of communication
47 and decision making during such situations. Decisions regarding
48 the duration of the situation, the removal of a juvenile from obser-
49 vation, and other procedures, shall be made only by trained mental
50 health unit staff.

1 SECTION 3. Said Chapter 119 of the General Laws, as so
2 appearing, is hereby further amended by inserting, after
3 section 23B, the following new section:—

4 Section 23C. Each child and adolescent committed to the
5 department shall have, upon entry into the department, a full med-
6 ical screening examination, laboratory testing, and other relevant
7 and necessary physical or mental health examination. The spe-
8 cific needs of the child or adolescent resulting from the examina-
9 tion shall be entered immediately into the child or adolescent’s
10 records and/or service plan, along with the treatment plan
11 resulting from the examination that provides care for the stated
12 needs.

13 The department shall develop and implement measures to pro-
14 vide continuity of medical, health, and mental health services and
15 care. Through coordination with the departments of health and
16 mental health, the department shall develop a system to monitor
17 and track the accessing of records of children and adolescents
18 prior to entry into the facility, the obtaining of an adequate and
19 sufficient medical and mental health history upon entry into the
20 system, the tracking of records throughout confinement, the
21 tracking of records to ensure transitional care during transfers to
22 other facilities, to and from hospitals or clinics, conducting peri-
23 odic reviews of adequacy and quality of care for each child or
24 adolescent, the tracking and accompaniment of records when a
25 juvenile is released from a facility or the care of the department.

26 The department, in consultation with other departments and
27 agencies, shall develop a timely system of access to health care
28 for children and adolescents, and shall ensure timely request for
29 medical care procedures to accommodate such access through
30 appropriate medical or health care or mental health care staff.

31 The department, in conjunction with the department of mental
32 health and the department of health, and service provider per-
33 sonnel, shall develop and implement a procedural plan for treat-

34 ment and observation of juveniles who require monitoring due to
35 certain conditions such as suicidal behavior and other such behav-
36 iors. The plan shall include a training component for persons on
37 duty during the observation period. The plan shall include chan-
38 nels of communicating observations and procedures in appropriate
39 mental health or medical personnel in a timely and periodic basis.

40 The procedural plan shall include, but not be limited to, the
41 specific duties of department staff and mental health and health
42 staff, especially during certain emergency situations such as “sui-
43 cide watch”, and the avenues of communication and decision-
44 making during such situations. Decisions regarding the duration
45 of the situation, the removal of a juvenile from observation, and
46 other procedures, shall be made only by trained mental health unit
47 staff.

1 SECTION 4. Chapter 124 of the General Laws, as so
2 appearing, is hereby further amended by adding at the end thereof
3 the following new section:—

4 Section 11. Any child in the care of the Executive Office of
5 Public Safety or the department of correction shall have, upon
6 entry into the department, a full medical screening examination,
7 laboratory testing, and other relevant and necessary physical or
8 mental health examination. The specific needs of the child or
9 adolescent resulting from the examination shall be entered imme-
10 diately into the child or adolescent’s records and/or service plan,
11 along with the treatment plan resulting from the examination that
12 provides care for the stated needs.

13 The department shall develop and implement measures to pro-
14 vide continuity of medical, health and mental health services and
15 care. Through coordination with the departments of health and
16 mental health, the department shall develop a system to monitor
17 and track the accessing of records of children and adolescents
18 prior to entry into the facility, the obtaining of an adequate and
19 sufficient medical and mental health history upon entry into the
20 system, the tracking of records throughout confinement, the
21 tracking of records to ensure transitional care during transfers to
22 other facilities, to and from hospitals or clinics, conducting peri-
23 odic reviews of adequacy and quality of care for each child or
24 adolescent and for the populations as a whole, the tracking and

25 accompaniment of records when a juvenile is released from a
26 facility or the care of the department.

27 The department, in consultation with other departments and
28 agencies, shall develop a timely system of access to health care
29 for children and adolescents, and shall ensure timely request for
30 medical care procedures to accommodate such access through
31 appropriate medical or health care or mental health care staff.

32 The department, in conjunction with the department of mental
33 health and the department of health, and service provider per-
34 sonnel, shall develop and implement a procedural plan for treat-
35 ment and observation of juveniles who require monitoring due to
36 certain conditions such as suicidal behavior and other such behav-
37 iors. The plan shall include a training component for persons on
38 duty during the observation period. The plan shall include chan-
39 nels of communicating observations and procedures to appropriate
40 mental health or medical personnel in a timely and periodic basis.

41 The procedural plan shall include, but not be limited to, the
42 specific duties of correctional officers and health and mental
43 health staff, especially during certain emergency situations such as
44 “suicide watch”, and the avenues of communication and decision-
45 making during such situations. Decisions regarding the duration
46 of the situation, the removal of a juvenile from observation, and
47 other procedures, shall be made only by trained mental health unit
48 staff or health unit staff.